Department of Public Health and Human Services

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OTHER BENEFITS/REQUIREMENTS

TANF CASH ASSISTANCE

Supportive Services Payments

**Supersedes:** TANF 704-1 (01/01/06); Bulletins TB-18; TB-20;

**References:** ARM 37.78.102 and .832

GENERAL RULE -- Funds are available to pay expenses that are or may be, incurred in a benefit month by the TANF cash assistance participant to comply with his or her Family Investment Agreement/WoRC Employability Plan (FIA/EP) activities. When wisely used, supportive services can promote meaningful work activities and employment and help participants develop planning and budgeting skills.

Section:

Each County is allocated supportive services funds for payment of these expenses. There is no entitlement to supportive services as they are subject to availability of funds. Guidelines and limits have been developed to consistently grant supportive services statewide.

NOTE: If participants chooses to obtain services from the OPA in an adjacent county rather than their county of residence, supportive services will not be issued to transport the participants from the county of residence to the county of service to comply with FIA/EP activities or to attend appointments.

Limits set are intended to cap expenditures per case and do not guarantee or entitle each case to the full amount. As the participant's activities are negotiated with the WoRC Case Manager, an evaluation for need should be done, in connection to participation or employment, and personal and other resources available to meet the need.

Supportive Services should always be considered in the framework of short and long term participant personal planning. If need is determined, supportive services payments are available in a timely manner to assure the participant has the needed item/service to participate in activities.

NOTE:

Supportive service dollars cannot be spent on medical needs (including drug testing or Medicaid cost-sharing) or services (e.g., medical related travel) per PRWORA, TANF grant regulations. Supportive service dollars cannot be spent to pay participant fines or associated costs of any type (traffic, library, and criminal activity, etc.).

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The County Director/Supervisor or the WoRC Program Director can make the approval of expenses in exception to the following guidelines. Justification for the exception should be fully documented in case notes.

To insure non-duplication of services, all other possible resources must be investigated and accessed prior to approval of supportive services. WoRC Case Managers must document:

- 1. the need, on HCS 761-Supportive Services Request; and
- 2. what other resources have been explored and what help was available through these resources.

Note: Emergency Assistance is not considered an available prior resource if the need can be approved under supportive services guidelines.

In all instances, care must be taken to prevent participant reliance on the availability of supportive services. In particular, gas supportive services should be seen as a short-term solution, not an automatic, on-going monthly allowance. OPA and WoRC are encouraged to maintain a consistent local supportive service philosophy.

# DETERMINING NEED

Supportive services may be provided if:

- 1. There is a proven and demonstrated need for the payment (i.e. the agreed upon participation activity or employment requires the item/service);
- 2. All other resources are exhausted to ensure there is no duplication of payments; and
- There are available funds.

# ►PER CASE LIMITS

Each case will have an upper limit of **\$1,250** per state fiscal year (July-June). This limit applies to a case no matter which county the individual was receiving services in when the payment was issued. The **\$1,250** is based on the following limits:

\$600 for participation related expenses, and \$650 for employment related expenses.

**NOTE:** The County Director/Supervisor or the WoRC Program

Director can make the approval of expenses in exception to

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the above guidelines. Justification for the exception should be fully documented in case notes.

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**EXAMPLE:** The family went from a two-parent household to a single parent household when Dad left the home. He had received \$700.00 in Supportive Services. Mom has a job in Wyoming and needs \$1000.00 for relocation expenses. Based on an evaluation by the County Director and/or WoRC Program Director and the <u>need for assistance</u>, Mom could receive additional Supportive Services to help with the move.

SUPPORTIVE
SERVICES
PARTICIPATION
RELATED
\$600 PER YEAR

PER CASE

\*\*\*\*\*\*\*\*

### Participation-related needs include but are not limited to:

### Fees:

- o Credit counseling
- o Legal such as adoption, child custody, child support
- o Application
- o GED
- o Specific short term training tied to employment (e.g., CNA training)
- o Driver's license exam and renewal costs
- Fingerprinting for background check

Counseling (non-medical)

<u>Clothing</u> (training-related)

### Personal grooming and hygiene

### <u>Transportation related expenses:</u>

- o Public transportation
- o Gas, proportionate to distances actually traveled (Actual distances can be noted on weekly time sheets)
- o Vehicle diagnostics, when it appears major work is needed
- o Vehicle repair, may be based on some or all of the following:
  - 1) Diagnostic information;
  - 2) Review of the value of the vehicle; and
  - Multiple bids.
- o Liability insurance (least expensive bid, shortest term policy, only liability unless there is a loan on the vehicle)
- o Registration

### Tools (employment-related)

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<u>Letters can be mailed</u> by the OPA or WoRC office for job applications, etc., or <u>stamped</u>, <u>addressed envelopes may be provided</u> for reporting purposes but postage stamps should never be distributed.

➤ SUPPORTIVE SERVICES EMPLOYMENT RELATED \$650 PER YEAR PER CASE

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Basis for Determining Need:

- 1. Needed to accept or maintain employment.
- 2. Necessary to alleviate barriers prohibiting job retention.
- 3. Resource not available from any other source.

### Employment-related needs include but are not limited to:

### Fees:

- Credit counseling
- o Legal such as adoption, child custody, child support
- o Application
- o GED
- o Specific short term training tied to employment (e.g., CNA training)
- o Driver's license exam and renewal costs
- o Fingerprinting for background check

## Housing:

- o Rent, <u>under approved special circumstances</u>
- o Relocation expenses for employment

Counseling (non-medical)

<u>Clothing</u> (employment-related)

### Personal grooming and hygiene

<u>Past Due</u> utilities/phone, other bills <u>needed for employment</u> when the participant did not have the funds to pay the bills originally. (Please see TANF 1101-1 for guidance in making this determination)

## <u>Transportation</u> related expenses:

- o Public transportation,
- o Gas, proportionate to distances actually traveled (Actual distances can be noted on weekly time sheets)
- o Vehicle diagnostics, when it appears major work is needed
- o Vehicle repair, may be based on some or all of the following:
  - 1) Diagnostic information;
  - 2) Review of the value of the vehicle; and

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3) Multiple bids.

- o Liability insurance (least expensive bid, shortest term policy, only liability unless there is a loan on the vehicle)
- o Registration

<u>Tools</u> (employment-related)

<u>Child care</u> expenses (only in very rare circumstances)

**NOTE:** Supportive service payments for childcare co-pays

can only be authorized with approval of PAB Central

Office or the appropriate WoRC monitor.

Union dues

**Business licenses** 

<u>Letters can be mailed</u> by the OPA or WoRC office for job applications, etc., or <u>stamped</u>, <u>addressed envelopes may be provided</u> for reporting purposes but postage stamps should never be distributed.

## CASE FILE REQUIREMENTS:

The Supportive Service Request, all documents verifying the needed item/service, and two <u>written</u> estimates for high cost items/services <u>must be retained in the WoRC case file</u>. In addition, for vendor payments, copies of **receipts and/or invoices** for services provided must be retained in the case file.

It is not necessary to keep receipts of purchases with participant payments (PP). However, if it is questionable whether the supportive services were used to purchase the approved items or services, the WoRC case manager may ask to view the receipts and return them to the participant.

**NOTE:** The participant must obtain the written estimates from **the** 

<u>vendor(s)</u> agreeing to provide the service. The supportive services payment is based on the amount of

the approved estimate.

DPHHS-HCS-761 SUPPORTIVE SERVICE REQUEST This form must have the following information <u>completed in full</u> for each and every supportive service issuance:

- Current Benefit Month
- Participant's name
- 3. Social Security Number
- 4. Payment type:

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Direct participant payment;

b. Vendor payment;

5. Expense Description:

Specific information on the item/service being purchased.

Example: "Car Repair. 1990 Ford Taurus, owned by Mary Doe,

needs muffler, brakes and shocks. Repair estimates received from Tire-Rama and Muffler Shop. Approved Tire-Rama's estimates of \$99 for muffler, \$100 for brakes, and \$75 for shocks. Total cost: \$247."

6. Justification of Expense:

At the time of each supportive service issuance, the WoRC Case Manager and participant must discuss exactly why the item or service is needed so the participant can comply with specific activities.

Example: "Car Repair - Mary Doe's vehicle needs repairs so it is

in safe running condition. She needs to transport children to childcare and attend the life skills class at

the Community College."

7. List Other Resources Checked:

Document what other agencies and/or funding sources the participant and/or the WoRC Case Manager contacted to determine if there were other funding sources available, e.g., Salvation Army, Vocational Rehabilitation, friends, family, WIA, community based organizations, etc. If no other resources exist, please explain why. "Not applicable" is not an appropriate statement in this section of the form.

- 8. Participant's Certification signed and dated.
- 9. <u>If vendor payment</u> is requested, complete name, address, and **tax identification number** listed on the **Vendor Payment Made To:** portion of form.

**NOTE:** When a vendor payment is requested, an IRS form

W-9 must be completed and faxed to DPHHS Fiscal Bureau. The original must follow in the mail within 3 working days. The Fiscal fax number is (406) 444-9763. The supervisor is responsible for ensuring the information on the W-9 matches the information

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entered in TEAMS before the supportive service request is authorized.

- 10. Authorization
  - Date a.
  - Case Manager's Signature b.
  - Supervisor's Signature C.
  - County d.

MOTOR VEHICLE INSURANCE **ASSIGNMENT AND AUTHORIZATION** DPHHS-HCS-575

This form must be completed when supportive services are used for vehicle liability insurance, through participant payment or vendor payment. This form assigns to the State of Montana, the right to receive any and all premiums refunded which were provided by the State's supportive services.

### **▶PAYMENT METHODS**

TEAMS SSPR is used to <u>authorize</u> both participant and vendor payments. Participant payments are issued via the usual TEAMS issuance process, Vendor payments are issued by the DPHHS Fiscal Bureau.

All payments require supervisory review and authorization prior to issuance. The WoRC Supervisor/Designee reviews the payment request including required verifications, the calculated payment amount, TEAMS SSPR and VEPA screens and the W-9 (when applicable).

NOTE: Sanctioned participants are not eligible for supportive Services during the penalty period. TEAMS will not allow payment authorization unless the specific case has at least one participant with a FIA/EP and cash benefits are issued or authorized for the current benefit month.

TEAMS will not limit the number of payments that may be issued for a case in a benefit month but only one TEAMS payment may be issued per day. Payments should not be authorized for less than \$10.

NOTE: A Supportive Service payments can only be authorized in the current month. Contact the TANF Policy Specialist with specific case concerns.

Case notes must contain a clear explanation of why a specific payment method is used, if different than the policy outlined above. Contact your WoRC monitor with individual case concerns.

### **▶**PARTICIPANT

Participant payments are made only by a warrant, they cannot be

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### **PAYMENT**

issued via Montana Access (EBT) or Direct Deposit. The warrant will process and issue the next working day. Allowing two days for mailing and additional time for weekends, the participant should receive the payment within three (3) to five (5) days from the date of the OTD request.

**NOTE:** Participant payments should not be mailed to "General Delivery" addresses, if at all possible.

# <u>Participant payments</u> are the <u>primary</u> method of providing supportive services.

Participant payments are made for:

- a. public transportation such as bus passes,
- b. clothing,
- c. personal needs,
- d. gas for vehicle,
- e. tools for employment, and
- f. any other approved service that does not meet the vendor payment definitions below.

**NOTE:** Do not request nor maintain receipts for services approved and paid for by a participant payment, unless questionable. If the service is questionable, ask to view the receipts and return them to the participant.

# ►VENDOR PAYMENT

## <u>Vendor payments</u> are appropriate in the following circumstances:

- a. the service requested is a high cost item requiring estimates such as car repairs, or
- b. the service requested is for automobile insurance, or
- c. the service reflects special circumstances and has been approved by the WoRC monitor, including any rental assistance.

NOTE: Receipts for vendor payments must be maintained in the WoRC case file.

**NOTE:** The <u>preferred method of payment to vendors</u> is by electronic

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fund transfers. New vendors will need to have their bank complete the 1199A Form. If the vendor refuses to have the form completed or refuses to provide a voided check, the WoRC Case Manager will be required to send an E-Mail along with the W-9, stating the reason the bank information is not accompanying the W-9 form. Department of Administration will accept FAXED 1199A forms. FAX number is 406-444-2812.

## LOST/STOLEN WARRANT REPLACEMENT

Lost or stolen supportive services payment warrants are replaced through the DPHHS Fiscal Bureau's established procedure for replacement of the regular monthly cash grants (warrants). See Section 1202-1 for the procedure.

## **TEAMS ISSUANCE** INFORMATION

TEAMS is used to issue supportive services payments. Three TEAMS screens are available to process, issue, and record supportive services payments. See the TEAMS Users Guide for additional information.

The Supportive Services Payment Request screen (SSPR) is used to request the supportive service payment. This screen can be 'nexted to' from any screen if the case number and current benefit month are entered or it can be selected from the Eligibility Tech Menu (ELTM) screen.

NOTE:

If a future benefit month is listed, TEAMS will still accept the SSPR entry and authorization. However, the issuance is DELAYED until the 1st of the future month.

There are two payment type codes, **PP** for participant payment and **VP** for vendor payment. Only one payment type code may be entered per payment.

There are two payment use codes, **EMP** for employment related expenses and PAR for participation related expenses. Multiple payment use codes can be entered per payment. If an expense is needed for both participation and employment, assign the expense to the payment use code with the highest value.

There are five expense type codes, **CH** for childcare, **EM** for employment expenses, FE for miscellaneous fees, SH for shelter expenses, TR for transportation expenses.

On SSPR, detail the expense in the field under the amount authorized. It is important that information relating to the expense is entered in this area, since it becomes part of the automatically generated TEAMS supportive

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service issuance case note.

 In two parent families, note for which parent the supportive service issuance is intended.

 When the supportive service request is transportation related, e.g. tires, insurance, repair, be sure the vehicle's make, model, and year is included on SSPR.

NOTE:

If the detail area on the TEAMS SSPR screen is insufficient to explain all relevant information regarding the expense, an accompanying TEAMS case note is necessary.

If the supportive service payment is a vendor payment, the <u>VEndor</u>

<u>PAyment screen</u> (VEPA) must be completed. It captures the vendor's name, address, phone number, invoice number or date of service, and Tax Payer ID # or SSN. If the SSN is entered, the name of the individual belonging to that SSN must be entered.

When a vendor payment is requested, an IRS form W-9 must be 'completed and faxed to DPHHS Fiscal Bureau. The original must follow in the mail within three (3) working days. The Fiscal FAX number is (406) 444-9763.

NOTE:

Prior to authorizing the supportive service payment the Supervisor/Designee must compare the information on VEPA to the W-9 completed for the vendor. All information must match before the payment can be authorized.

The <u>Supportive Services Payment History</u> (SSPH) screen, displays the history of supportive service payments issued. This screen can be accessed from any screen if the case number and current benefit month is entered. Each supportive service payment is displayed if it has been stored or authorized and issued. Each payment is displayed in descending order by benefit month.

The SSPH screen contains the following fields:

**PAY TYP** (PP for participant payment or VP for vendor

payment)

**WARRANT** # (field will only be populated if the payment is made to

the participant)

**AUTH DATE** (Indicates that the payment was authorized by the

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**BENFT MONTH** 

OPA office, ('TF') or the WoRC Case Manager,

WKR

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('WO').

**ISSUE AMT** 

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DOC STS

(Issued, outstanding, returned, etc.)

**STS DATE** 

(Date status was attained.)

**SFY TOT** 

(Total of payments issued in that case for the SFY)

SFY

(State Fiscal Year in which the payment was issued)

## RETURNED SUPPORTIVE SERVICE PAYMENTS

The local office should only accept a supportive service check back from a participant in three instances:

- 1. An error occurred in TEAMS and duplicate checks were issued or the check was issued for an incorrect amount.
- 2. The participant is deceased and there is not an estate that can cash the check.
- 3. A supportive service vendor payment is issued for goods or services that were not provided (e.g., a repair not made on the vehicle). DPHHS Fiscal Bureau will not accept checks back from local offices for any other reason. It is important that the <u>estimates</u> received for services are equal to payment approved on TEAMS. The reason for this is when a supportive service payment is issued, it shows in the SFY total even if the check was returned.

NOTE:

For policy on how to replace a lost or stolen supportive service check see 1202-1.

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